

Illinois Department of Agriculture
Springfield, Illinois

AGRICHEMICAL FACILITY REGISTRATION

Registration Number _____

Facility Name _____

Mailing Address _____

Street Address City State ZIP County

Facility Location _____

Street Address City State ZIP County

Quarter Section Township Range P.M.

Manager/Operator's Name _____ Telephone _____

Facility Owner(s) Name _____

Facility Owner(s) Mailing Address _____

TYPE FACILITY:

____ Non-commercial – End User (Farmer, Nursery, Golf Course)

____ Commercial –

____ Distributor – Warehouse/Terminal

____ Retail Agrichemical Dealer

____ Lawn Care Service

____ Other (Describe) _____

DESCRIPTION – FACILITY STORAGE TANKS & OPERATIONAL AREAS (Check all applicable sections and complete relatives questions in section.)

1. () BULK PESTICIDE STORAGE TANK(S):

Number of Tanks: _____ Capacity of each (gal.): _____

Does facility have secondary containment for pesticide storage tanks?

____ Yes ____ No ____ Partial

Describe type of secondary containment structure(s): _____

Secondary Containment Volume: _____ Gallons and _____ Percent of largest storage tank

2. () LIQUID FERTILIZER STORAGE TANK(S) LESS THAN 100,000 GALLONS:

Number of Tanks: _____ Capacity of each (gal.): _____

Does facility have secondary containment for these liquid fertilizer storage tanks? __ Yes __ No __ Partial

Describe type of secondary containment structure(s): _____

Secondary containment volume: _____ Gallons and _____ percent of largest storage tank.

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the 1987 Illinois Revised Statutes, Chapter 5, Paragraph 801 et seq., 55.1 et seq., and the Illinois Revised Statutes, 1988 Supplement, Chapter 5, Paragraphs 804, 811.1, 819 and 55.18a. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-1397(9-89)

3. () **LIQUID FERTILIZER STORAGE TANK(S) 100,000 GALLONS OR LARGER:**

Number of Tanks: _____ Capacity of each: _____

Does facility have secondary containment structure or impervious barrier under these tanks?

___ Yes ___ No, Explain: _____

4. () **WAREHOUSE – PACKAGED PESTICIDES:**

Does facility warehouse filled mini-bulk containers? ___ Yes ___ No

Does facility have secondary containment for the largest single container warehoused? ___ Yes ___ No

Does facility have a contingency response plan for immediate clean-up of warehouse spills? ___ Yes ___ No

5. () **OPERATIONAL AREA CONTAINMENT:**

These are facility areas where agrichemicals are transferred between containers including loading, unloading, repackaging, mixing, and equipment cleaning.

a. Does facility have IEPA, Division of Water Pollution Control, Agrichemical Wastewater Collection and Recycling System Permit?

_____ Yes _____ No Permit No. _____

b. Does facility have loading area containment structures that provide for containment and recovery of spillage from mixing and loading of liquid fertilizers and/or pesticide operations and equipment washing?

_____ Yes _____ No _____ Partial

If partial, answer the following:

Yes

No

_____ Loading Pad Containment

_____ Recovery/Recycle System

_____ Mixing & Repackaging Area Containment

_____ Wash Pad Containment

_____ Wash Application Equipment in Field

_____ Loading Pad Enclosed or Under Roof

c. Does facility have unloading area containment system(s) with a minimum containment volume of 25 gallons and/or use the loading area containment to unload? _____ Yes _____ No

d. Check any of the following underground transfer structures in operation at your facility, where a maximum detention time of 72 hours must be observed:

_____ Loading operations over a truck scale pit

_____ Have underground collection/recovery tanks

_____ Other: _____

6. () **DRY FERTILIZER STORAGE AND HANDLING:**

Check the item(s) that best describe each of your facility functions:

STORAGE: ☐ Enclosed Building ☐ Open Front Building

☐ Other: _____

Does your facility currently use seasonable outside storage?

☐ Yes ☐ No ☐ Approx.....Tons ☐ Product _____

RECEIVING: ☐ Rail ☐ Truck

☐ Incline conveyor to roof openings

☐ Conveyor/Elevator Leg Inside Distribution Conveyor

☐ Other: _____

FRONT END LOADER OPERATION: ☐ Under Roof ☐ Outside

WEIGH HOPPER: ☐ Under Roof ☐ Outside

BLENDER: ☐ Under Roof ☐ Outside

☐ Open Top Blender ☐ Closed Top Blender

APPLICATOR LOADING: ☐ Under Roof ☐ Outside

7. () **DRY FERTILIZER BLENDING OPERATIONS:**

Is the process of impregnating dry fertilizer materials with pesticides conducted in facility blending operation?

☐ Yes ☐ No ☐ Considering Process

Is facility blending operation within city limits?

☐ Yes ☐ No ☐ Closest Neighbor: _____ feet

Does facility have on-board impregnation on application equipment? ☐ Yes ☐ No

Does facility have an IEPA, Division of Air Pollution Control, Air Emissions (Blending) Permit?

☐ Yes ☐ No Permit No. _____

8. () **WATER SUPPLY – PROXIMITY TO WELLS & WATERS OF STATE:**

_____ Facility Well on Site: Depth _____ feet, Pump Capacity _____ GPM

_____ Connection to community/public water system

_____ Other water source: _____

Does facility have back-flow protection? _____ Yes _____ No

Describe: _____

Distance to community wells:

_____ Less than 200 feet _____ 200 to 400 feet _____ 400 to 1000 feet

Number of off-site private wells within 200 feet of your property? _____

Use of these wells: _____

Soil type: (Clay=1, Sand=2, Silt=3, Loam=4) Enter the number combination which best describes the general site soil type. Examples—Silty Clay Loam= 3 1 4, Silt Loam=0 3 4, Sandy Clay=0 2 1

Approximate Groundwater Depth: _____ feet

Nearest Surface Water: Name of stream, river, lake _____

Flow Path Distance: _____

9. () **PESTICIDE CONTAINER DISPOSAL:**

Check the method that best describes current disposal.

_____ Triple/Pressure Rinse – haul to landfill

_____ Triple/Pressure Rinse – waste pickup service

_____ Burn in field at site of application

_____ Burn at facility site

_____ Other: _____

Registrant's Name: _____ Title: _____

Signature: _____ Date: _____

Office Use Only:

Review _____ DP _____ Date _____

Date _____